

1 STATEMENT OF CLAIM: ON OR ABOUT July 27, 2021 At
2 EASTERN OREGON Correctional Institution, on Housing Unit F2,
3 In the AIC Dormitory, I WAS ASSAULTED By Another AIC. As A
4 Result of Defending myself, my left Bicept muscle Tore Along with
5 AN 11.5 cm tendon retraction. This event Happened in front of
6 Approximately 25 AIC's.
7 ON 8/2/21 AN x-RAY WAS Administered on my left ARM. ON
8 8/5/21 After Approximately 7 DAYS of sitting In the Disciplinary
9 SEGREGATION unit, seeing "sick call" everyday complaining of Pain In
10 my left ARM. After AN x-RAY WAS Administered with the Results
11 Being Negative, AND WAS Given A pain shot of TRAMADOL. The Sick
12 Call NURSE Had spoken to the "Provider" (As stated on the AIC
13 Communication form Dated 8/5/21) AND was told there is Nothing
14 that can Be Done. The only Provider At the time on this DATE
15 At the Institution is michelle DAVIES FNP.
16 ON the same DATE of 8/5/21 After NURSE Had spoken to MRS. DAVIES,
17 I filed A GRIEVANCE #EOCI 2021-08-021 requesting to Be sent out
18 for AN MRI. Medicals Response is on 8/24/21 Appointment with
19 Provider WAS ordered. After Two months of Requesting to Be
20 sent out, on 10/22/21 AN ultrasound WAS Performed on my left ARM
21 ordered By michelle DAVIES, At which time the Results came
22 Back with MRS DAVIES written comments of "fluid collection...
23 worrisome for possible Rupture, Appointment Requested for MRI"
24 (See EOCI Health Services Test Result Communication form)

1 On 2/4/22 I WAS TRANSPORTED to St. Anthony's Hospital where I
2 WAS GIVEN AN MRI, which only confirmed that I HAVE A RETRACTED
3 TEAR of left Bicept with 11.5 cm tendon RETRACTION. After Getting
4 the Results of the MRI I WAS TAKEN to see DR. CARPENTER At
5 Motion Orthopedics on Feb 14, 2022. 7 months After the
6 ORIGINAL Injury. I WAS told that a muscle TRANSPLANT from my leg
7 to my ARM WAS needed, But it needed to HAVE HAPPENED within the
8 First Couple of months of the ORIGINAL Injury. The Department of
9 Corrections, namely MR. DAVID PEDRO AND MRS. MICHELLE DAVIES,
10 waited over 6 months before even sending me to A specialist
11 for Diagnosis.

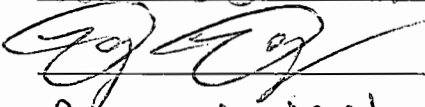
12 Objective Component: I sustained A RETRACTED tear of the
13 left Bicept muscle with Approximately 11.5 cm of tendon RETRACTION,
14 Which is A serious medical need.

15 Subjective Component: The OREGON Department of Corrections,
16 through its Representatives DAVID PEDRO Superintendent of
17 Eastern OREGON Correctional Institution, And MRS. MICHELLE
18 DAVIES, Health Services/Medical Provider/SUPERVISOR, failed to
19 treat my serious medical need in a timely manner. Through
20 their Deliberate Indifference, I sustained Permanent
21 Injury.

22 MR. PEDRO AND MRS. DAVIES ARE Directly Responsible for the
23 Constitutional CARE of those INCARCERATED At E.O.C.I.
24 There ARE No other Department of Corrections

1 REPRESENTATIVES IN OREGON WHO ARE RESPONSIBLE FOR
2 MAKING THE DECISIONS TO TREAT OR NOT TO TREAT MY SERIOUS
3 MEDICAL NEED IN A TIMELY MANNER.
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8 Amended Statement of Claim Dated this 28th DAY of Oct, 2024
9

10 DANIEL DAVIS #15373883
11 
12 2500 WestGate
13 Pendleton OR 97801
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1 The Defendants:

2 Defendant NO. 1

3 NAME: MRS. MICHELLE DAVIES

4 Job OR title: medical provider / EMT

5 Address: 2500 Westgate

6 Pendleton, OR 97801

7 ☒ Individual Capacity

8
9 Defendant NO. 2.

10 NAME: MR. DAVID PEDRO

11 Job OR title: Superintendent

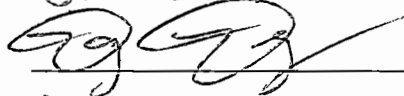
12 Address: 2500 Westgate

13 Pendleton OR 97801

14 ☒ Individual Capacity

15
16 Amended Parties to this claim Dated this 28th Day of Oct 2024

17
18 DANIEL DAVIS #15373883

19 

20 2500 Westgate

21 Pendleton OR 97801

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CERTIFICATE OF SERVICE

CASE NAME: DAVIS v. DAVIS, Pedro

CASE NUMBER: (if known) 2:24-cv-00449-SI

COMES NOW, Plaintiff, and certifies the following:

That I am incarcerated by the Oregon Department of Corrections at Easter
Oregon Correctional Institution.

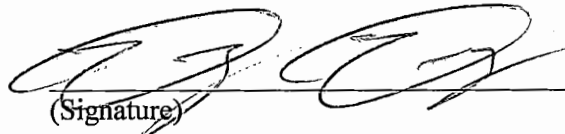
That on the 28 day of October, 2024, I personally placed in the
Correctional Institution's mailing service A TRUE COPY of the following:

Amended statement of claim, Amended Parties to claim

I placed the above in a securely enclosed, postage prepaid envelope, to the person(s)
named at the places addressed below:

U.S. Dist Courts
Portland Division
MARK O. HATHFIELD
1000 SW Third Ave
Portland OR 97204

Vickers Plass
5700 meadows Rd Ste 150
Lake Oswego, OR 97025


(Signature)

Print Name DELIA DAVIS

S.I.D. No.: 15373873

2500 Westgate

Portland OR 97201

Oregon Department of Corrections - AIC Mail

Institution EOCL SID 15373883

Name DAISY DAVIS

Address 2700 Westgate

City Portland State OR Zip 97204

PORTLAND OR RPDC 972

29 OCT 2024 PM 5 L



U.S. Dist. Courts
Portland Division
Office of Clerk
1000 SW 3rd Ave
Portland OR 97204

97204-293790

